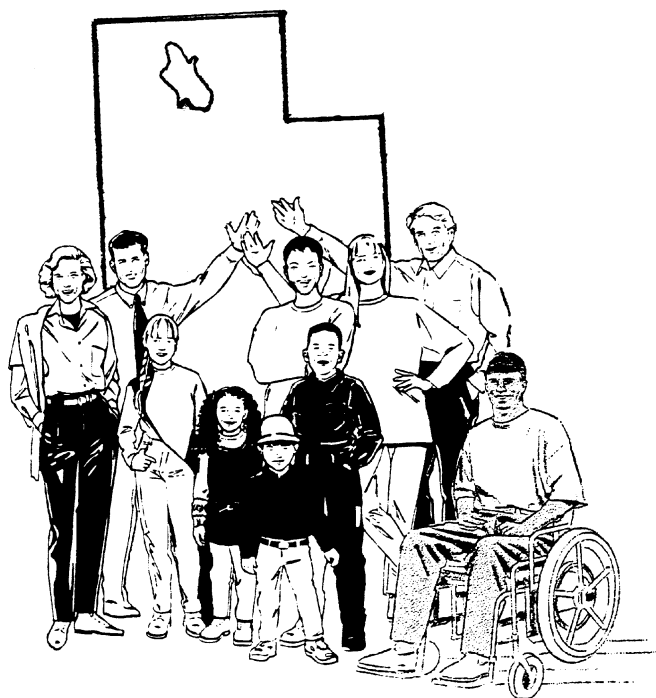


Exploring Medicaid

Your Guide to Medicaid Benefits Rural Utah



Who to Call for Help

Name	Phone
Medicaid Information Line:	1-800-662-9651
My Primary Doctor	
My Eligibility Worker:	
My Local Health Dept Contact:	
My Pharmacy:	
My Mental Health Center:	
My Dentist:	

T
T
T
T
T
T
T
T

Use this booklet for your questions about Medicaid.
Read it.
Write in it.
Keep it in a place where you can find it.
Read The Basics section right away.
The Details section tells you more.
Plus there are Resources in the back.
This booklet could change without notice.



'Follow Me!'

DOH PM 977 A
07-01-02



" Use this Page to
write down these
important phone
numbers."

Welcome

Welcome to the world of Medicaid. We want you and your family to get the health care you need. This booklet was written to help you learn how to use Medicaid.

It is important to learn how to use your Medicaid benefits. We don't want you to have problems getting the care you need.



You must apply to receive Medicaid benefits. To apply contact your local DWS (Department of Workforce Services) or BES (Bureau of Eligibility Services) office. Or, you may also call the Medicaid Information Line. The phone numbers are in The Resource section.

Two Ways to Learn About Medicaid

- , If your case is Medicaid only, you will meet with your worker to learn about Medicaid. Your worker will help you choose a Primary Care Provider.
- , You may be referred to your Local Health Department. Call them for information about Medicaid. They will help you choose a Primary Care Provider.



The Basics



"OK! Let's find the answers to all these questions."

- , What is a Primary Care Physician?
- , What is an HMO?
- , What is Case Management?
- , What is TPL?
- , How do I use my card?
- , How are my medical bills paid?
- , Is it urgent care I need or is it an emergency?
- , What do I do with medical bills?
- , Can I get Medicaid for past months?
- , If I'm out of state am I covered?
- , What are my rights?
- , What other important things do I need to know?

What is a PCP?

(Primary Care Physician)

A PCP is a doctor you see for most of your medical care. A PCP knows you, your medical history and your family history. You would see a PCP for routine care and sudden illness. A PCP refers you to specialists when you have serious medical problems. A PCP watches over and directs all of your medical care.

These are examples of the kind of doctor who is usually a PCP.

- , Family Practice (for all ages)
- , Internal Medicine (for adults)
- , Pediatrician (for children)
- , Ob/Gyn (for pregnant women)



What is an HMO?

(Health Maintenance Organization)

- < HMOs are available in some areas of the state.
- < Your doctor may have joined an HMO.
- < Ask your doctor if you need to have an HMO choice put on your Medicaid card.
- < An HMO is a group of doctors, clinics, hospitals and other medical experts you will use for your medical care.
- < Call your worker or the Local Health Department if you have any questions or problems.

What is Case Management?

Case Management is when you name a PCP. The name of the PCP you choose and who accepts you prints on your Medicaid card. Your card prints with the words Primary Provider in bold across the top.

You can change to a different PCP. Call your eligibility worker or the Local Health Department worker by the 20th of the month to change PCPs for the next month.

You must have a referral from your PCP to go to any other doctors unless it is an emergency. Sometimes a clinic is named as the PCP. If so, you may see any doctor in the clinic without a referral. This also means any doctor in the clinic may refer you to a specialist.

What is a Referral?

A referral is made when you need to see a specialist. You must get a referral from your PCP before you see a specialist. Your doctor refers in different ways.

- < By giving you a referral form.
- < By mailing the specialist the form.
- < By calling the specialist.

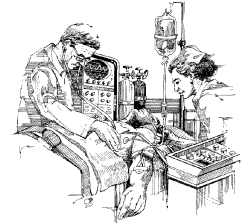
In some cases the local health department can help you get a referral.



What is a Specialist?

A specialist is a doctor who works with certain health problems only. Examples of doctors who are specialists are:

- < Cardiologist - heart
- < Ear, Nose and Throat doctor
- < Orthopedist - bone



If you can't make it to an appointment with your doctor, call ahead of time to cancel.

What is Prior Approval?

To get some services covered by Medicaid you will need permission first. This is called a prior approval. Most Medicaid covered services don't need a prior approval. But, some do. Your doctor's office must get prior approval before they give you a service that needs it.



" My PCP knows all about me. This sounds like a good way to get the most from my Medicaid coverage.

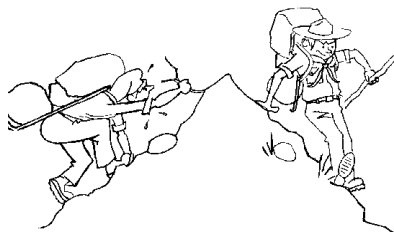
What is TPL?

(Third Party Liability)

When you have other insurance with Medicaid this is called TPL. You must let us know if there is insurance that covers anyone listed on your Medicaid card. Tell your worker as soon as possible if anyone on your case gets insurance.

- < Your worker will tell ORS (Office of Recovery Services) about the insurance.
- < The name of your insurance prints on your card.
- < Your doctor's office first bills your insurance, then bills the State for the part of the bill your insurance won't cover. Medicaid always pays last.
- < Call ORS if there is a problem or change with your TPL.
- < Call ORS if your insurance ends. They will remove it from your Medicaid card.

The Office of Recovery Services
(801) 536-8798 or 1-800-821-2237



"It might take a while for your insurance to print on the Medicaid card. Until it does show your doctor your insurance card and your Medicaid card."

How do I use my Card?

It is important to know how to use your card so you will not have problems getting your bills paid.

- < You will get a card in the mail each month.
- < Look at your card when it comes to make sure the information on your card is right.
- < The Medicaid program you are eligible for prints on your card.
- < The name of your PCP will print on your card.
- < Show your card before you get any kind of medical care.
- < Keep your old cards for at least one year.
- < If you don't receive your card or you have lost it, call your worker.



Remember! Always show your card before you get any kind of medical care. Showing your card helps prevent billing problems.

How are medical bills paid?

Most of your Medicaid benefits are paid directly by the State. Some benefits have a separate plan. The state pays a premium each month to these plans.

The State contracts with a private plan for your chiropractic benefits. This plan pays for care you receive from one of their chiropractors.

Payments are made directly to the doctor. If your doctor is paid less than the full amount, your doctor can't charge you for the rest of the bill.

Is it Urgent Care I need or is it an Emergency?

Urgent Care

Urgent care is needed when you have an illness or accident. You get urgent care when your problem is serious and you can't wait longer than a day to see your doctor.

Urgent care problems don't usually cause permanent harm or death. For urgent care, call your doctor. You may be able to be seen that same day in your doctor's office. Be familiar with any clinics in your area that are open after normal office hours. Some may even be open on the weekend.



Examples of urgent care:

- , You fall and sprain your wrist or ankle.
- , Your child wakes up in the night with an earache.
- , You have a bad cough or high fever.
- , You are vomiting a lot.
- , You have a cut that needs stitches.

Emergency Care

Use a hospital emergency room when you have a serious medical problem that can't wait. In this case, waiting could mean permanent harm or death.

If you think your medical problem may be an emergency call 911 or go to the emergency room right away. You don't have to call your doctor first. You need to call your own doctor when the emergency is over. Your doctor must provide any care needed to follow up after the emergency.

Here are some examples of emergencies.

- , Heavy bleeding
- , Chest pain
- , Trouble breathing
- , Bad burns
- , Broken bones
- , Poisoning



If you go to the emergency room for something that is not an emergency, you may have to pay a co-pay or the entire bill. If your doctor tells you to go to the emergency room - go as soon as possible.

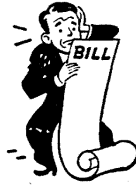
If I'm out of state am I covered?

You are covered for urgent or emergency care when you are out of state. If you get care while visiting out of state, ask the medical provider to bill your Utah Medicaid. Routine care is not covered when you are out of state. If you do have an emergency out of state, have the provider call the Medicaid Information Line for information on how to bill Utah

Medicaid.

What do I do with medical bills?

Pay attention to the mail you get from your doctor's office. You may get a bill. If the bill says "do not pay" or "your insurance has been billed" you don't have to worry about the bill. If the bill is charging you an amount, here is what to do.



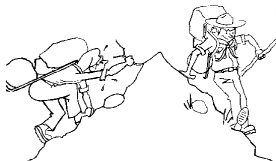
1. Call your doctor's office. Make sure they billed the State.
2. Give the doctor a copy of your Medicaid card.
3. If the doctor's office did bill the State but the bill is not paid, call the Medicaid Information Line.

Don't get stuck with the bill

Be careful of the following things. You could end up paying your own medical bills.:

- , If you don't show your medical card.
- , If you don't get a referral before seeing a specialist.
- , If you get a service Medicaid doesn't cover.

Medicaid Information Line
Call 538-6155 or 1-800-662-9651
To find out why a bill was not paid



Can I get Medicaid for past months?

You can apply for Medicaid coverage for past months. This is called retro coverage. If you have had Medicaid before, the same PCP you chose in the past will print on your retro cards. Take your Medicaid card to the doctors you saw. Ask them to bill the State.

Get a referral when it's needed. If you saw a doctor other than your PCP, ask your local health department for a referral.

Your doctors don't have to accept Medicaid for those past months, but they usually will.

What are my Rights?

You have the right to get medical care no matter what your race, sex, religion, nationality, disability or age. If you feel you have been treated unfairly or discriminated against, call the Medicaid Information Line and ask for the Civil Rights Coordinator.

Anyone who thinks they might be eligible for Medicaid may apply. You have the right to be treated fairly in our offices. You have the right to be treated with courtesy and respect.

Medicaid Information Line
Call (801) 538-6155 or 1-800-662-9651
Ask for the Civil Rights Coordinator



What do I do if I have problems with eligibility?

When you apply for Medicaid you may be told you are not eligible. You may feel you've been treated unfairly. You have the right to do the following things.



- , Talk about the problem with your case worker and their supervisor.
- , Call the Office of Constituent Services for help.
- , Ask a worker for a Fair Hearing form. Most letters you receive from your worker have a Fair Hearing form on the back. Fill it out and give it to your worker or their supervisor.

Office of Constituent Services

Medicaid Only - (801) 538-6417 or 1-877-291-5583

Medicaid Plus - another program such as food stamps or financial help - (801) 526-4390 or 1-800-331-4341

What if I have problems with my benefits?

You may feel a service was denied unfairly. Or, have an unpaid bill. You have the right to question these decisions.

- , Call the Medicaid Information Line
- , Call the Local Health Department in your area
- , Ask about a Fair Hearing

If your mental health plan or chiropractic plan denies a benefit or treats you unfairly, call the plan. If your plan doesn't solve your problem, you can bring the same problem to the State.

Medicaid Information Line

Call (801) 538-6155 or 1-800-662-9651

If you have questions about covered benefits.

What other important things do I need to know?

We want you to understand what services are covered by Medicaid. Here are some important things you need to know.

- , Some Medicaid benefits are limited.
- , Some benefits need a referral before you get them.
- , Some benefits need prior approval before you get them.
- , Some benefits you will need to pay a co-pay.
- , Some benefits you will need to pay a Co-Insurance.
- , You may be limited to 7 prescriptions per month.
- , There are different Medicaid programs with different benefits.
- , There is an "Out of Pocket" maximum.

It is important to report all changes to your eligibility worker. Ask what changes you must report. Remember the State pays the chiropractic plan and your mental health plan even if you don't use those services. If you should not have been eligible, you may have to repay the State those payments.

What is a co-pay?

You may need to pay a fee or co-pay (co-payment) when you:

- , visit the doctor or clinic
- , visit the hospital for outpatient services such as surgery
- , pick up your prescriptions
- , A message will be printed on your medical card if you have a co-pay and what it is for.

Other things you may want to know about the co-pay:

- , If you do not pay your co-pay your doctor or medical provider can refuse to see you.
- , Get a receipt for your co-pay from your medical provider each time you see them.
- , Make sure you save your receipts.

What is a Co-Insurance?

You may have to pay a fee when you are admitted to the hospital:

- T A message will print on your medical card if you need to pay this fee.
- T Get a receipt for your Co-Insurance from the hospital.



Is there a limit to how many prescriptions I can get?

You may be limited to 7 prescriptions per month with some Medicaid programs.

- You will be notified when you have used more than 7 prescriptions per month.
- Medicaid will review your medical history to see if you need more than 7 prescriptions per month.
- Over the Counter Drugs will count as part of your 7 prescriptions.

Do different Medicaid programs cover different benefits?

There are different Medicaid programs. Different programs have different benefits, co-pays and co-insurance: Make sure to check your card to see which Medicaid program you have.

- < Your Medicaid card will tell you when you have a co-pay or co-insurance and how much it is.
- < If you have a question about your benefits, co-pays or co-insurance call the Medicaid Information Line.

What is an “Out of Pocket” maximum?

Each Medicaid program has a limit to the amount you pay in co-pays and co-insurance each year:

- The amount you pay is counted from January to December.
- Get receipts for your co-pays and co-insurances.

Medicaid Information Line Call
(801) 538-6155 or 1-800-662-9651

If you need someone to translate for you tell us. We will find someone who speaks your language to explain our programs. Your other plans will also provide someone to translate for you. If you need help getting translation call.

Medicaid Information Line
(801) 538-6155 or 1-800-662-9651

Si usted necesita alguien que traduzca para usted, avisenos. Nosotros encontraremos alguien que habla su idioma para explicarle nuestros programas.

The Details



"Tell me all about it."

- , Benefits Covered by Medicaid
- , Other Programs

Notes:

Benefits Covered by Medicaid

- , Ambulance
- , Birth Control
- , CHEC Program or Well Child Exams
- , Chiropractic Services
- , Dental
- , Doctor Visits
- , Emergency Room
- , Eye Exams and Eyeglasses
- , Home Health Care
- , Hospice Care
- , Hospital
- , Lab and X-ray Services
- , Maternity Care
- , Medical Supplies
- , Mental Health
- , Midwife Services
- , Nursing Home Services
- , Over-the-Counter Drugs
- , Personal Care Services
- , Physical Therapy/ Occupational Therapy
- , Prescriptions
- , Specialists
- , Speech and Hearing Services
- , Transportation Services
- , Waiver Programs

We want you to find out more about the benefits covered by Medicaid. This section will tell you details about your benefits. Some benefits may not be covered or may be limited if you are part of the “Non-Traditional” Medicaid plan. Each section will tell you if a benefit is not covered or is limited for Non-Traditional Medicaid. This information will be listed after the (*) sign.

Ambulance

When seconds count call 911 for an ambulance. Medicaid covers ambulance services in an emergency. Air ambulance is covered when a ground ambulance can't get you to medical care fast enough.

Birth Control

Talk to your doctor or clinic about family planning. You may get family planning services from any provider who accepts State Medicaid. You don't need to get a referral. You may receive some types of birth control in your doctor's office. For others, your doctor will write a prescription. The following forms of birth control are covered by Medicaid.

- , Birth Control Pills
- , Foams
- , Creams
- , Sponges
- , Diaphragms
- , IUDs
- , Norplant
- , Shots (Depoprovera)
- , Condoms
- , Emergency Birth Control (Morning After Pill)



Medicaid pays for a woman to get her tubes tied or a man to have a vasectomy (sterilization). Medicaid does not pay to reverse these surgeries. You must be 21 or older. And both you and your doctor must sign a "consent" form 30 days before the surgery.

*Birth control is limited for people who are on Non-Traditional Medicaid. Norplant will not be covered if you

have Non-Traditional Medicaid.
CHEC Program or Well Child Exams

CHEC is for **C**hild **H**ealth **E**valuation and **C**are. This is a special benefit for children on Medicaid. It's about keeping children healthy. CHEC covers medical checkups for children. Well child exams include vision and hearing screenings. CHEC also covers dental checkups. Anyone from birth through age 20 on Medicaid can get CHEC covered services.



Regular checkups help keep your children healthy. Some problems start before your child looks or feels sick. Your doctor can find and treat these problems early, before they lead to a serious problem.

CHEC services include:

- T Well child exams by your child's doctor. A head-to-toe exam that includes health history, eating habits, eyesight and hearing exam, and growth and development check.
- T Shots (immunizations) to keep your child healthy.
- T Dental checkups by your child's dentist. A complete exam and cleaning twice a year. Fluoride treatment and sealants are covered for children. Your child's first dental visit should be at age one.
- T Follow up treatment and care if a health problem is found during a CHEC exam.

T Children may receive benefits that are usually not covered by Medicaid.

When should my child have a CHEC checkup?

- 9 Newborns - as soon as possible after birth.
- 9 Babies - ages 1, 2, 4, 6, 9, 12, 15, 18, and 24 months. Shots are due at many of these visits.
- 9 Toddlers - ages 3, 4, and 5. More shots are due at some of these visits.
- 9 Children - ages 6, 8, 10 and 12 years old.
- 9 Teenagers and Young Adults - ages 14, 16, 18 and 20.



If you missed one of these ages take your child in as soon as possible. Make sure you ask for a CHEC exam and tell your doctor you have Medicaid. Remember to take your child's shot record with you.

Your local health department has more information about the CHEC program. Call and they will help you make an appointment for a CHEC exam. Or, you can call your doctor or dentist yourself. The numbers for the local health departments are in The Resource section of this book.

*Non-Traditional Medicaid covers CHEC exams through age 18.

Chiropractic Services

Your chiropractic benefits are covered under the Chiropractic Health Plan. Your plan pays your bills for your chiropractic care.



Any willing chiropractor may join the Chiropractic Health Plan. And, you may see anyone who has joined the plan.

Services are limited. To learn more about your chiropractic benefits call (801) 352-7270 or 1-800-339-5958.

*Non-Traditional Medicaid covers a limited number of visits.

Dental Benefits

Dental Services are limited for most people receiving Medicaid. Medicaid may cover some treatments for pain, suffering and infection. Children and pregnant women receive full benefits. Call the Medicaid Information line to find out more about what dental benefits are covered.



In addition the State has opened clinics where you can get your dental care. They are called **Family Dental Plans**. Check The Resource section to see if there is one in your area.

The Medicaid Information Line
Call (801) 538-6155 or 1-800-662-9651 for names
of dentists that may accept Medicaid
and Family Dental Plan locations.

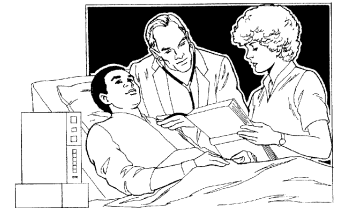
Doctor Visits

Medicaid pays for you to see the doctor when you are having health problems. Most of the time you can get the treatment you need from your primary care doctor. If needed, your doctor may refer you to a specialist.

Emergency Room

Use the emergency room when you have a serious medical problem that cannot wait. Waiting could mean permanent harm or death.

In an emergency call 911 or go to the emergency room right away. You don't have to call your doctor first. You will need to call your doctor when the emergency is over. Your doctor must provide any care needed to follow up after the emergency. We have explained the emergency room in more detail earlier in the book in The Basics section.

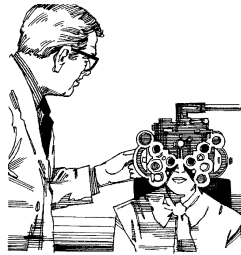


Eye Exams and Eyeglasses

Medicaid covers services for both optometrists and ophthalmologists. An optometrist is trained to examine eyes and prescribe eyeglasses. An ophthalmologist is a medical doctor who specializes in eye diseases and can perform eye surgery.

You must get a referral from your doctor before you see an ophthalmologist. You don't need a referral to see an optometrist.

Your provider will show you a selection of glasses that you can choose from that Medicaid pays for in full.



You can choose more expensive eyeglasses. But, you must pay the difference between what Medicaid pays and how much the more expensive glasses cost. Make sure you sign an agreement if you are going to pay for more expensive glasses.

Contact lenses are only covered if there is a medical reason you need them.

*Eyeglasses are not covered with Non-Traditional Medicaid

Home Health Care

Home health care is for people who are homebound. For people who can't go to the doctor's office for needed care but don't need to be in a nursing home. Home health care needs prior approval.

Some benefits you might receive in your home are:

- Physical Therapy
- Nurses
- Home Health Care Aides



If you need home health care talk to your doctor. Your doctor must write an order. Give the order to a home health agency. The home health agency will ask Medicaid for prior approval.

Hospice Care

Hospice care is for people who are sick with no hope of getting better. Hospice care helps people to be comfortable when they are dying. Talk to your doctor if you need these services.



Hospital Care

Medicaid covers both inpatient and outpatient hospital care. Before you use hospital services get a referral from your doctor.

Lab and X-ray Services

Lab and X-ray services are covered by Medicaid. You can get these services in your doctor's office or your doctor might refer you to another clinic, lab or hospital for the service.

Maternity Care

If you think you are pregnant, see a doctor as soon as possible. Early maternity care helps you give birth to a healthy baby.



You may choose to see a specialist such as an ObGyn or a Certified Nurse Midwife. Medicaid covers:

- Prenatal visits, lab work and tests you may need (like an ultrasound)
- Charges for labor and delivery
- Anesthesia (pain treatment)
- The hospital stay
- Your 6 week checkup after the baby is born

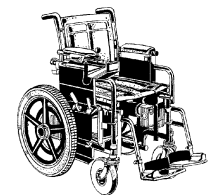
You are allowed to stay in the hospital for 48 hours after a normal birth. And 96 hours after a C-section. You can choose to have a shorter stay if you and your doctor agree.

Your baby can be covered by Medicaid for a year. Call your eligibility worker as soon as possible to report the birth of your baby. Ask your worker how to get the baby covered for the year.

Medical Supplies

Medicaid covers many medical supplies. For example, some supplies you might need are:

- A wheelchair
- Prosthetic devices
- Bandages or wound care supplies
- Vaporizer or humidifier



Talk to your doctor if you need medical supplies. Your doctor will write an order. Give the order to a medical supply company. The medical supplier must get prior approval from Medicaid for some items. Medicaid will either buy the supplies or pay for you to rent them.

Mental Health

If you live in San Juan County, the state pays your mental health bills. If you live in other rural areas, the state pays money so you can be part of the prepaid mental health plan (PMHP).



The name of the PMHP prints on your Medicaid card. If you are in a PMHP, you must get all your mental health services through the PMHP. The PMHP can also help you with transportation to your mental health appointments if you need it. (Call your mental health center or talk to your therapist if you need assistance). Covered mental health services are:

- / Inpatient mental health services
- / Psychiatric Evaluations
- È Medication Management
- È Psychological Testing
- È Individual and Group Therapy
- È Skills Development Services
- È Case Management

If you need inpatient drug or detox, check with your mental health center. However if you are on an HMO, talk to your HMO if you need these services. If you need outpatient substance abuse services contact your mental health center.

Children who are in foster care get inpatient mental health care through the PMHP. Outpatient mental health care is paid for by the State. Foster care children can use any provider who accepts State Medicaid for outpatient care.

* Non-Traditional covers a limited number of visits.

Midwife Services

You can choose to see a midwife for your pregnancy. You must choose a certified and licensed midwife. Certified midwives can deliver babies in the hospital in case of an emergency during delivery.



Nursing Home

Medicaid covers nursing home care. Long term care is when a person stays in a nursing home more than 30 days. Long term nursing home patients don't have a Primary Provider on their Medicaid card.

Short term care is when a patient goes from a hospital to a nursing home to continue recovering. When the stay is less than 30 days, they continue with their Primary Provider on their Medicaid card.

*Non-Traditional Medicaid does not cover long term care.

Over-The-Counter Drug List

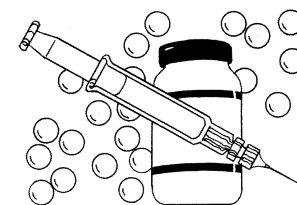
Your Medicaid covers many over-the-counter medicines, like aspirin, Tylenol and cough and cold remedies. You need a prescription for Medicaid to pay for them. Here is a list of covered drugs. **Remember: Over-the-Counter drugs are counted towards your 7 prescription limit.**

Listed are some common brand names to help you know what they are. Your prescriptions will be filled with a generic brand.

Acetone tests
Actifed*
Alcohol swabs
Antacid liquid & tablets (Tums)*
Aspirin*
Axid AR
Benadryl*
Benylin
Buffered aspirin*
Calcium tablets (but not oyster shell)*
Chlor-trimeton
Citrate of Magnesia
Codimal DM
Contraceptive creams, foams, sponges, tablets, condoms*
Dramamine
Drixoral
DSS caps, liquid, syrup and concentrate drops 5%*
Dulcolax*
Glucose blood tests, Chemstrip BG, One-touch, Ultra etc.
Glucose urine tests, Clinitest, Clinistix, Diastix, etc.
Glucose
Gyne-Lotrimin*
Hydrocortisone cream, ointment or suppositories*



Imodium AD*
Insulin*
Insulin syringe (with disposable needle) 100 max
Iron supplement (Ferrous Salts)*
Kaopectate
Lancets
Lotrimin, Lotrimin AF*
Maalox suspension
Mag-Carb
Metamucil*
Milk of Magnesia*
Monistat 7*
Motrin tablets or drops*
Mycelex OTC
Naldecon DX
Neosporin ointment*
Niacin 250 mg, 500 mg
Nix*
Pediacare Cough-Cold
Pedia Relief Cough & Cough
Pedialyte*
Pepcid AC*
Pepto-Bismal
Poly Vi Sol (under age 5)
Prophylactics or condoms, male and female*
Rid*
Robitussin and Robitussin DM*
Sudafed
Tagamet HB*
Tavist 1
Tri Vi Sol (under age 5)
Triaminic line*
Tylenol*
Zantac 75*



*Non-Traditional Medicaid covers only the drugs



"This list
could change
without
notice."

with the (*).

Personal Care Services

Personal care services such as bathing, feeding and dressing may be covered. This help is for people can't do these things for themselves. Personal care is provided by a home health aide. Talk to your doctor if you need these services. Your doctor must write an order. Take the order to a home health care agency. The home health agency must get prior approval from the State.



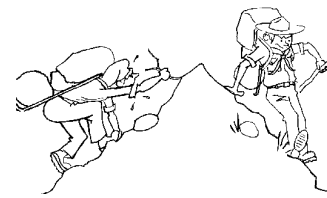
Physical Therapy/ Occupational Therapy

Physical therapy may be covered for some serious problems. Physical therapy can be ordered by your doctor when it will improve your medical condition. Give the order to a physical therapist who accepts Medicaid.

*Non-Traditional Medicaid covers a limited number of visits.

Prescriptions

Generic brands are covered by Medicaid. If there is no generic brand for the drug you need you will get the name brand. Some prescriptions require prior approval.



"Is there a limit to how many prescriptions I can have each month?"

You may be limited to 7 prescriptions per month with some Medicaid programs.

- You will be notified when you have used more than 7 prescriptions.
- Medicaid will review your medical history to see if you need more than 7 prescriptions per month.
- Over the Counter Drugs will count as part of your 7 prescriptions.
- If you have any questions call the Medicaid Information Line.



Your Medicaid card will say whether or not you have to pay a co-pay for prescriptions and how much your co-pay is.

Specialists

Your doctor may refer you to a specialist if you have a serious health problem. You need a referral before you see a specialist. If you don't get a referral you will have to pay the bill.



"Make sure to get a referral before seeing a specialist or you may have to pay the bill."

Speech and Hearing Services*

If you have serious speech or hearing problems, see your doctor. Your doctor can refer you to a speech therapist or an audiologist. Some services covered by Medicaid are:

- Hearing tests
- Hearing aids
- Batteries for your hearing aid
- Speech therapy



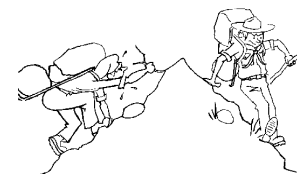
* Speech and Hearing Services are only covered for children and pregnant women.

Transportation Services

If you don't have a car or a way to get to the doctor, Medicaid covers your trip to and from doctor appointments. This includes:

- UTA Bus Pass
- UTA Flex Trans
- **PickMeUp** Medical Transportation

UTA Bus Pass - Call your case worker and ask for a bus pass. It comes in the mail each month with your Medicaid card. Show your Medicaid card and bus pass to the driver.



"What other types of transportation does Medicaid cover?"

UTA Flex Trans- If there is a medical reason you can't use the bus, you may qualify for services through UTA FlexTrans. To apply for this service call UTA at:

Salt Lake City 287-7433
Weber/Davis County 393-1736
Utah County 374-9306

PickMeUp - For Routine transportation from **PickMeUp**, your doctor must mail a letter to them stating the medical condition that qualifies you for door-to-door transportation. You must call 24 hours in advance of scheduled routine appointments to arrange for **PickMeUp**.

For Urgent care you do not need a letter on file. **PickMeUp** will call your doctor to verify the need for urgent care.

Call PickMeUp
1-888-822-1048

* The Non-Traditional Medicaid plan does not cover medical transportation except for ambulance.



"What are Waiver Programs and how can they help?"

Waiver Programs

Some people with special needs may qualify for Medicaid through special waiver programs. If you do, you will also get some extra benefits. Waivers let Medicaid pay for support and services to help people live safely in their own homes or community.

The services may include:

- Emergency response service
- Homemaker service
- Group home
- Day treatment center
- Adult day care
- A private nurse
- Family support
- Respite care for family members who need a break from caring for disabled or elderly family members
- Someone to help you work at a job
- Transportation to places other than a doctor's office or clinic



Waivers allow Medicaid to pay a Case Manager to help you get this care. The extra services are different for each waiver program.

These programs limit the number of people who may be served. For information about how to apply for the waiver programs, call the number shown on the next page.

- Ë Brain Injury Waiver
Call DSPD (Division of Services for People with Disabilities) at (801) 538-4200
- Ë DDMR Waiver (Developmentally Disabled/Mentally Retarded)
Call DSPD at (801) 538-4200
- Ë Technology Dependant/Medically Fragile Children Waiver (Sometimes called the Travis-C Waiver).
Call CSHCS- Children's Special Health Care Services 1-800-829-8200
- Ë Aged Waiver
Call AAA (Area Agency on Aging) 1-800-541-7735
- Ë Personal Assistance Waiver
Call 538-4200

Other Programs

- Ë CHIP (Child Health Insurance Program)
- Ë FQHC (Federally Qualified Health Centers)
- Ë QMB (Qualified Medicare Beneficiary)
- Ë The Restriction Program
- Ë Spenddown Program (Medically Needy)
- Ë UMAP (Utah Medical Assistance Program)

CHIP (Child Health Insurance Program)

CHIP is a program for children who don't have medical insurance. If a child is not eligible for Medicaid because of income or assets the worker will see if the child is eligible for CHIP. CHIP has a higher income limit than Medicaid. It also has no asset limit. If you are interested in more information about CHIP call Toll Free 1-888-222-2542.

FQHC (Federally Qualified Health Centers)

Utah has a number of FQHCs. These are clinics that have received special grant money to provide medical care to people who don't have any insurance. They also see Medicaid patients.

If you have family members not covered by Medicaid, this is a good resource for them to get low-cost medical care. The cost is based on income. A list of health centers is in The Resource section.

PCN (Primary Care Network of Utah)

The PCN program is for people who do not qualify for Medicaid, have no other health insurance and meet income guidelines. The PCN program covers:

- < Care from your Primary Care Physician
- < Limited pharmacy
- < Limited dental

There will be a \$50.00 enrollment fee. The PCN program does not cover care from a specialist or inpatient hospital services. The program is for people age 19-64. With this program you will be required to pay co-pays and co-insurance. For more information call 1-888-222-2542.

QMB (Qualified Medicare Beneficiary)

QMB is a program that pays your Medicare premiums, co-pays and deductibles. To learn more about the QMB program, contact the office where you apply for Medicaid.

Many people get both QMB and Medicaid. If not, you will receive a special QMB card showing you are eligible for the program. Show your QMB card along with your Medicare card when you get medical treatment. This shows your doctors and clinics that your co-pays and deductibles are covered.

Restriction Program

The restriction program is for people who have a serious problem knowing how to use their Medicaid card. If someone is placed in the restriction program they will have a doctor and pharmacy that prints on their card. They will need to get all of their care from the one doctor and all their prescriptions from the one pharmacy.

If you are part of the restriction program you are allowed to change the doctor and pharmacy. You must go through your restriction program manager. You can contact them by calling (801) 538-6167 or 1-800-662-9651 (press #900 and ask for the Restriction Program).

Spenddown Program (Medically Needy)

Spenddown is when you pay Medicaid to receive a card. You pay the amount of money you are above the income limit. You must meet all other conditions to qualify. Not all Medicaid programs allow you to spenddown.

The Resources



"Let's find out what Resources can help."

Resources

- Access Utah Network-Disability Information & Referral**
 555 E 300 S Suite 201 Salt Lake City, 84102
 801 533-INFO
 Toll Free Dial '1' & Then 800 333-UTAH
- Aging Services**
 2001 S State, #S-1500 Salt Lake City, 84190
 801 468-2454
 Toll Free Dial '1' & Then 800 541-7735
- AIDs/HIV Prevention and Services**
 288 N 1460 W Salt Lake City, 84114
 Toll Free Dial '1' & Then 800 537-1046
- AIDs/Ryan White Title II**
 (Support services for people with AIDS/HIV)
 610 S 200 E #200 Salt Lake City, 84111
 Toll Free Dial '1' & Then 888 767-0055
- AIDs/Ryan White Title III**
 (Medical Services for people with AIDs/HIV)
 50 N Medical Drive Salt Lake City, 84132
 801 581-8479
- American Red Cross**
 465 S 400 E Salt Lake City, 84110 801 323-7000
 Toll Free Dial '1' & Then 800 328-9272
- Arthritis Foundation**
 448 E 400 S Suite 103 Salt Lake City, 84111
 801 536-0990
 Toll Free Dial '1' & Then 800 444-4993
- Baby Your Baby Hotline**
 Toll Free Dial '1' & Then 800 826-9662
- Blind and Visually Impaired (Division of Services)**
 309 E 100 S Salt Lake City, 84111
 801 323-4343
 Ogden 801 621-0160
 Toll Free Dial '1' & Then 800 284-1823

BES (Bureau of Eligibility Services) Medicaid

..... 801 538-9984
 Toll Free Dial '1' & Then 800 662-9651

Cancer Information Service

Toll Free Dial '1' & Then 800 4-CANCER

Catholic Community Services

2300 W 1700 S Salt Lake City, 84104
 801 977-9119
 Ogden 801 394-5944

CHEC (Child Health Evaluation and Care) Program

..... See "Local Health Depts"

CSHCS (Children's Special Health Care Services)

Toll Free Dial '1' & Then 800 829-8200

CHIP (Child Health Insurance Program)

Toll Free Dial '1' & Then 888 222-2542

Chiropractic Health Plan

9131 S Monroe Ste B Sandy, 84070
 801 352-7270
 Toll Free Dial '1' & Then 800 339-5958

CAP (Community Action Program)

764 S 200 W Salt Lake City, 84101 800 796-2444

Constituent Services

Toll Free Dial '1' & Then 800 331-4341
 (Medicaid only) 877 291-5583

Deaf, Utah Association for the , Inc.

5709 S 1500 W Salt Lake City, 84123 .. 801 288-2159

Diabetes Association

340 E 400 S Salt Lake City, 84111 801 363-3024
 Toll Free Dial '1' & Then 800 888-1734

Disabled Rights Action Center

2757 S 300 W Salt Lake City
 Toll Free Dial '1' & Then 800 478-9314

DSPD (Division of Services to People with Disabilities)

655 E 4500 S Murray, 84114 801 264-7620

Domestic Violence Information

Toll Free Dial '1' & Then 800 897-5465

Easter Seal Society of Utah

638 E Wilmington Ave Salt Lake City, 84106
 Toll Free Dial '1' & Then 800 388-1991

Family Dental Plans

Layton: 360 S Fort Lane Bld 3 Suite A Layton, 84041
 801 546-2263
 Ogden: 298 24th St. Suite 360 Ogden, 84401
 801 394-4495
 Provo: 150 E Center St. Suite 1100 Provo, 84606
 801 374-7011
 Salt Lake City: 2121 S 230 E Salt Lake City, 84115
 801 468-0342
 Salt Lake City: 4535 S 5600 W Salt Lake City, 84120
 801 969-8243
 St George: 321 N Mall Dr Suite 101 St George, 84771
 435 652-3806

FQHC (Federally Qualified Health Centers)

Carbon Medical Services
 305 Center St. East Carbon, 84047 ... 435 888-4411
 Central City Community Health Center
 461 S 400 E Salt Lake City, 84111 ... 801 539-8617
 Copperview Community Health Center
 8446 S Harrison Midvale, 84047 801 566-5494
 Duchesne Valley Medical Center
 50 E 200 S Duchesne, 84121 435 738-2426
 Enterprise Valley Med. Center
 223 S 200 E Enterprise, 84725 435 878-2281
 Green Valley Medical Center
 110 Medical Dr Green River, 84525 .. 435 564-3434
 Midtown Community Health Center
 670 28th Street Ogden, 84403 801 393-5355
 Montezuma Creek Health Center
 262 Montezuma Creek, 84534 435-651-3291
 Mountainlands Community Health Center

215 W 100 N Provo, 84601 801 374-9660
 Northwest Community Health Center
 1365 W 1000 N Salt Lake City, 84116
 801 328-5750
 Oquirrah View Community Health Center
 4745 S 3200 W Salt Lake City, 84118
 801 964-6214
 Wasatch Homeless Health
 404 S 400 W Salt Lake City, 84101 .. 801 364-0058
 Wayne County Medical Clinic
 128 S 300 W Bicknell, 84175
 435 425-3744
 For more locations call the Medicaid Information Line
 801 538-6155
 Toll Free Dial '1' & Then 800 662-9651

Health Clinics of Utah
 Salt Lake City: 2121 Nowell Circle (230 E), 84115
 801 468-0354
 288 N 1460 W, Rm 113, 84116 801 538-9424
 Ogden: 2540 Washington Blvd, Ste 122 84401
 801 626-3670
 Provo: 150 E Center St, Rm1100, 84606
 801 374-7011

HMOs (Health Maintenance Organizations)
 AFC (American Family Care)
 Toll Free Dial '1' & Then 888 483-0760
 Altius
 Toll Free Dial '1' & Then 800 377-4161
 Healthy U
 Toll Free Dial '1' & Then 888 271-5870
 IHC Access
 Toll Free Dial '1' & Then 800 442-0666
 United Medchoice
 Toll Free Dial '1' & Then 800 401-0666

HPRs (Health Program Representatives)
 American Fork

895 N 900 E American Fork, 84003 ..
 801 374-7864
 Clearfield
 1350 E 1450 S Clearfield, 84015
 801 776-7377
 Ogden
 2540 Washington Blvd. Ogden 84402 or
 480 27th St Ogden, 84401
 801 626-3351
 or call 801 626-3350
 Provo
 150 E Center Street Provo, 84606 or
 1550 N Freedom Blvd Provo, 84604
 801 374-7864
 Spanish Fork
 1185 N Chappel Drive Spanish Fork, 84660
 801 374-7864
 SLC/ Expo
 158 S 200 W Salt Lake City, 84145
 801 524-9071
 SLC/ Metro
 720 S 200 E Salt Lake City, 84111
 801 536-7112
 SLC/ Midvale
 7292 S State St Salt Lake City, 84047
 801 567-3835
 SLC/ South County
 5735 Redwood Rd Taylorsville, 84123
 801 269-4860
 or call 801 269-4890
 Sunset
 2465 N Mail Street Suite #2 Sunset, 84015
 801 776-7623
Information & Referral 801 978-3333
 Toll Free Dial '1' & Then 800 472-4716

Local Health Departments

Bear River District Health
655 E 1300 N Logan, 84321 435 752-3730

Bountiful Clinic
1650 S Main #109B Bountiful, 84010
. 801 451-3315
Central Utah Health Dept
70 Westview Dr. Richfield, 84701 . . . 435 896-5451
Clearfield Clinic
290 S State Clearfield, 84015 801 451-3315
Davis County Health Dept
Courthouse Annex: 50 State St Farmington, 84025
. 801 451-3315
Ellis Shipp Public Health Clinic
4535 S 5600 W West Valley City, 84120
. 801 963-7335
Layton Clinic
360 S Fort Lane Layton, 84041 801 451-3315
Magna Public Health
8207 W 3500 S Magna, 84044 801 250-9682
Rose Park
55 North Redwood Road Salt Lake City, 84116
. 801 521-0778
Salt Lake City/County Health
610 S 200 E Salt Lake City, 84111 . . . 801 468-2750
2001 S State St Salt Lake City, 84190
. 801 468-2800
South East Clinic
9340 S 700 E Sandy, 84070 801 255-7114
South Main Public Health
3195 S Main St. Salt Lake City, 84115
. 801 483-5451
Southeastern Utah District Health
28 S 1st E PO Box 800 Price, 84501 . . 435 637-3671
Southwest Utah Public Health
285 W Tabernacle St George, 84770
. 435 673-3528
Summit City/County Health
85 N 50 E PO Box 128 Coalville, 84017

..... (Ext 3222) 435 336-4451
 Tooele County Health
 151 North Main Tooele, 84074 435 843-2310
 TriCounty Health
 147 E Main St. Vernal, 84078 435 781-5475
 Utah City/County Health
 589 S State St Provo, 84606 801 370-8700
 Wasatch City/County Health
 805 W 100 S PO Box 246 Heber, 84032
 435 654-2700
 Weber/ Morgan District Health
 2233 Grant Ave Ogden, 84401 801 399-6150
 Weber/ Morgan District Health
 2570 Grant Ave. Ogden, 84401 801 399-8433
 West Jordan
 1740 W 7800 S Salt Lake City, 84084
 801 569-4370
Lung Association
 1930 S 1100 E Salt Lake City, 84106
 Toll Free Dial '1' & Then 800 LUNG-USA
Make a Wish Foundation
 2091 E 4800 S Salt Lake City, 84117
 Toll Free Dial '1' & Then 800 860-9474
March of Dimes
 205 W 700 S #300 Salt Lake City, 84101
 801 363-5500
Medicaid Information Line
 801 538-6155
 Toll Free Dial '1' & Then 800 662-9651
Medicare Information
 Toll Free Dial '1' & Then 800 638-6833
Medicare Claims Information
 Medicare A-Hospitals 801 333-2410
 Medicare B-Physicians 801 333-2430
 Toll Free Dial '1' & Then 800 426-3477
Mental Health Centers

Bear River Mental Health
 Counties-Box Elder, Cache, Rich 435 752-0750
 Central Utah Mental Health
 Counties-Puite, Sevier, Juab, Wayne, Millard, Sanpete
 Toll Free Dial '1' & Then 800 523-7412
 Davis Mental Health
 County-Davis 801 451-7799
 Four Corners Mental Health
 Counties-Carbon, Emery, Grand
 435 637-2358
 Northeastern Counseling Center
 Counties- Duchesne, Uintah, Daggett
 435 789-6300
 San Juan Mental Health
 County-San Juan 435 678-2992
 Southwest Mental Health
 Counties-Beaver, Garfield, Iron, Kane, Washington
 435 634-5600
 Valley Mental Health
 Counties-Salt Lake, Summit, Tooele
 801 263-7100
 Wasatch Mental Health
 Counties-Utah, Wasatch 801 373-4760
 Weber Mental Health
 Counties-Morgan, Weber 801 625-3700
 For counties not listed call Medicaid Information
 801 538-6155
 Toll Free Dial '1' & Then 800 662-9651
PickMeUp
 Toll Free Dial '1' & Then 888 822-1048
Planned Parenthood Clinics 800 230-PLAN
Poison Control 800 456-7707
Pregnancy Risk Line 800 822-BABY
Restriction Program 801 538-9045
 Toll Free Dial '1' & Then 800 662-9651
Ronald McDonald House

315 E 400 S Salt Lake City, 84101 801 397-4900
Toll Free Dial '1' & Then 800 390-2778

Salt Lake County Division of Substance Abuse

2001 S State Suite S2300 Salt Lake City, 84190
. 801 468-2009

Shriners Hospital

Fairfax Road at Virginia Street Salt Lake City, 84103
. 801 536-3500

Social Security Administration

46 W 300 S Suite 100 Salt Lake City, 84101
. 801 524-4115
Toll Free Dial '1' & Then 800 453-0654 (Utah)
Toll Free Dial '1' & Then 800 772-1213 (US)

Tricounty Children's Dental Clinic

198 W 200 N Vernal, 84078 435 781-0875

UMAP Information 801 538-6155

Toll Free Dial '1' & Then 800 662-9651

Utah Aids Foundation

1408 S 1100 E Salt Lake City, 84105 . . 801 487-2323
Toll Free Dial '1' & Then 800 FON-AIDS

Utah Legal Services

Toll Free Dial '1' & Then 800 662-4245

Utah Assistive Technology Foundation

3064 Cruise Way Salt Lake City, 84109
Toll Free Dial '1' & Then 800 524-5152

Veterans Affairs Medical Center

500 Foothill Drive Room 5102, Salt Lake City, 84148
. 801 582-1565
Toll Free Dial '1' & Then 800 613-4012

WIC (Women, Infants, and Children)

288 N 1460 W Salt Lake City, 84114 . . 801 538-6960
Toll Free Dial '1' & Then 800 662-3638

Workforce Services

General Information (collect calls accepted)
. 801 526-7400



State of Utah
Department of Health
PO Box 143108
Salt Lake City, Utah 84114-3108